

APPLICATION DATA SHEET

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF::

Title :: COMPOSITION AND METHOD FOR THE
TREATMENT OF CANCER AND OTHER
PHYSIOLOGIC CONDITIONS BASED ON
MODULATION OF THE PPAR-GAMMA
PATHWAY AND HER-KINASE AXIS

Attorney Docket Number:: 67789-542

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Petition included?::

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No.:

Secrecy Order in Parent Appl.?:

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
Middle Name::	B.
Family Name::	Agus
Name Suffix::	
City of Residence::	Beverly Hills
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	522 North Crescent Drive
City of mailing address::	Beverly Hills
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	90210

Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	IN
Status::	Full Capacity
Given Name::	Anjali
Middle Name::	
Family Name::	Jain

Name Suffix::
City of Residence:: Los Angeles
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1670 Manning Avenue, Apt. 107
City of mailing address:: Los Angeles
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 90024

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name::
Family Name:: Hedvat
Name Suffix::
City of Residence:: Encino
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 5460 White Oak Avenue, E-335
City of mailing address:: Encino
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 91316

Correspondence Information

Correspondence Customer Number:: **50670**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 213-633-6800

Fax Number: 213-633-6899

E-Mail address:: sethlevy@dwt.com

Representative Information

Representative Customer Number::		50670
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US04/028071	08/27/04
PCT/US04/028071	An application claiming the benefit under 35 USC 119(e)	60/498,849	08/29/03
PCT/US04/028071	An application claiming the benefit under 35 USC 119(e)	60/568,910	05/07/04

Assignee Information

Assignee name::	Cedars-Sinai Medical Center
Street of mailing address::	8700 Beverly Boulevard
City of mailing address::	Los Angeles
State or Province of mailing address::	California
Country of mailing address::	US
Postal or Zip Code of mailing address::	90048